PTO/SBA07 (08-D3) Approved for use through 7/31/2006. OMB 0651-0032

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Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) CLAIMS May be used for additional claims or amendments 6-27-06 AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend 101 Indep Depend Indep Depend Indep Depend 102 1 51 103 1 52 104 1 53 1 54 10 5 10 6 1 55 107 ı 56 1 57 1 58 1 59 109 10 160 1 11 1 12 7 61 (13 ₁ 62 163 6 14 t 64 1 15 1 65 1 66 16 1 17 1 18 1 67 1 68 1 19 1 69 20 170 171 1 22 1 23 24 173 175 26 176 27 177 1 28 178 179 1 29 1 80 (31 1 32 r 81 1 33 1 82 1 83 (34 35 184 (85 1 37 , 86 187 **≠** 88 1 39 1 40 / 89 190 1 41 1 42 1 91 1 43 1 92 144 1 93 (94 , 45 46 1 95 1 96 1 47 1 48 97 198 1 49 Ø. 199. 1 50 (D\$ Total 200 Indep Total 0 indep Total . Depend Total Depend Total Claims Total

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Claims

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